

1/13/03 (41)

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

November 25, 2002

The Acton Beacon:

Atten: **ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notice** in the Thursday, December 5, 2002 edition of the Acton Beacon. *Please send bill to:*

Wayside Management Corporation
48 Powder Mill Road
Acton, MA 01720
978-568-8000

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt of this Fax to: Christine @ 978-264-9612
FAX 978-264-9630

Town of Acton
Notice of Hearing

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on January 13, 2003 at 7:15 P.M. on the application of Wayside Management Corporation d/b/a Assabet Beer and Wine for a Beer and Wine Package Store License at 48 Powder Mill Road, Acton, MA 01720.

ACTON BOARD OF SELECTMEN

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

November 25, 2002

Wayside Management Corp.
Leo Bertolami
50 Powder Mill Road
Acton, MA 01720

Dear Mr. Bertolami:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, December 5, 2002, at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for **January 13, 2003** at **7:15 P.M.** in Room 204 of the Acton Town Hall. Within the Next couple of weeks please submit in writing to this office the rules and regulations you plan to put in place for the control of Alcoholic Beverages being sold from your establishment.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce
Town Manager's Office

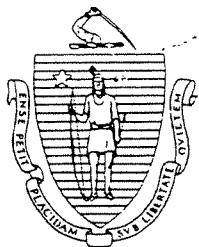
cc: File
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Assabet Beer and Wine

Assabet Beer and Wine fully intends to operate and adhere to all laws regarding underage customers. Please know the following policy will be signed by both partners and all employees of Assabet Beer and Wine and will be followed.

Each employee as well as the owners will check for the following information regarding customers who appear under the age of 30. All legal ID will be asked for, such as Massachusetts Driver's licenses and/or Identification cards, United States Military Identification cards, or Passports. If an identification card is suspected of being tampered with or is false, no alcoholic beverage package(s) will be sold to that individual. Signs will be posted for all customers to present their identification card when making an alcoholic package purchase. The same policy will be used for the sale of all tobacco products, especially when the customer is only purchasing a tobacco product from Assabet Beer and Wine.

Any customer who attempts to purchase an alcoholic package and appears to be already intoxicated will be denied the purchase. Employees will be instructed to look for the following behavior(s). If the customer presents themselves smelling of alcohol, is swaying while standing at the check-out counter or walking within the store, and/or their speech is slurred, the sale will be denied.



The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617- 727-3040
FAX: 617- 727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Wayside Management Corporation
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER To be determined / President - Leo Bertalan
3. SOCIAL SECURITY NUMBER 019-40-4297
4. HOME (STREET) ADDRESS 6 Proctor Street, Acton, MA
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # 978-568-8000 HOME# 978-263-5100
6. PLACE OF BIRTH: Lincoln, MA 7. DATE OF BIRTH: 9/17/49
8. REGISTERED VOTER: ☒ YES ☐ NO 8A. WHERE?: _____
9. ARE YOU A U. S. CITIZEN: ☒ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Leo Bertolami 12. MOTHER'S MAIDEN NAME: Rose Anzalone
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
____ YES ____ ☒ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ____ YES ____ ☒ NO
IF YES, PLEASE DESCRIBE:
- _____

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ____ YES ____ ☒ NO

IF YES, PLEASE DESCRIBE: _____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

President of Management Corporation

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: As needed

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: Leo Bertolami, President
PROPOSED MANAGER SIGNATURE
President

3-25-02
DATE

**THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION**

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- ☒ New License
☐ Transfer of License
☐ Transfer of Stock
- ☐ New Officer/Director
☐ Other _____
(Specify)

1.

Name to appear on the license: <u>Wayside Management Corporation</u>		FID # <u>042-972068</u>
Business name (d/b/a), if different: <u>Assabet Beer and Wine</u>		
Manager of Record: <u>To be determined</u>		FID of Licensee:
Address of Premises; Street: <u>50 Powdermill Rd., Acton, MA</u>		Zip code: <u>01720</u>
Phone number of premises: () <u>none</u>		

2. Type of license: (check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Club | <input checked="" type="checkbox"/> Package store | <input type="checkbox"/> Veterans club |
| <input type="checkbox"/> General on premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | (Specify) |

3. License Category:

<input type="checkbox"/> All Alcoholic	<input checked="" type="checkbox"/> Wine and Malt
<input type="checkbox"/> Malt only	<input type="checkbox"/> Wine only
<input type="checkbox"/> Wine and Malt with Cordials Permit	

4. License Class: ☒ Annual ☐ Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Debra Covestis, Esq.</u>
Address: <u>51 Swan Pond Rd., North Reading, MA 01864</u>
Phone number: <u>(978) 664-2555</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

former Wine Cask premises, without any alterations

6a. N/A - package store

Seating capacity:	Occupancy number:
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7. Applicant is an: ☐ Association ☒ Corporation ☐ Individual
☐ Partnership ☐ Non-profit corporation

13e. Will the inventory be pledged?

___ Yes

☒ No

If yes, specify to whom _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged?

___ Yes

☒ No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home address	D.O.B.	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

___ Yes

☒ No

(If yes, provide the following for each person or entity.)

Name	Type of license	License name and address	Description of Interest

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?
☒ Yes ☐ No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : _____

remodel facade and interior update, no structural alteration

b. What are the estimated costs? \$25,000.00

c. What is the construction schedule? within 90 days after issuance of license

d. State all sources of construction financing: Community National Bank

17 Pope Street, Hudson, MA 01749

12. Do you own the premises? ☒ Yes ☐ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly Wayside Development Trust Name of Realty Trust

Name of Corporation

☐ Other _____
(specify)

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone number: () _____

Address: _____

12a. If a lease or rental, provide the following information: \$ _____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending date of lease _____
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:

(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged? ☐ Yes ☒ No

If yes, to whom? _____

8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens? ☐ Yes ☐ No

If no, specify citizenship: _____

8b. Is individual or are all partners involved at least twenty-one years old? ☐ Yes ☐ No

9. If the applicant is a corporation, complete the following:

State of Incorporation: <u>Massachusetts</u>	Date of Incorporation: <u>6/8/87</u>
Fiscal Year Ends: <u>December 31</u>	Date qualified to do business in MA: <u>1987</u>

9a. How many shares of stock are authorized? _____ How many shares of stock are issued? 100

Provide in the box below the names of all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled
President Stockholder *	Leo Bertolami	6 Proctor Street, Acton, MA	9/17/49	019-40-4297	100
Clerk *	Jane Bertolami	6 Proctor Street, Acton, MA	9/26/54	022-44-4799	

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

To be provided when Manager determined

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☒ Yes ☐ No

2. Are the majority of directors citizens of Massachusetts? ☒ Yes ☐ No

3. Is the manager or principal representative a U.S. citizen? *N/A* ☒ Yes ☐ No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ No ☐ Yes (If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☐ No (If yes, attach a statement of details.)

- 15.
- Each individual applicant must sign.
 - Applications by a partnership must be signed by a majority of the partners.
 - Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
 - False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 25th day of

March 25, 2002.

By: Signature of Full Name

Leo Bertolami
Leo Bertolami

Title

President

CORPORATE RESOLUTION
OF
WAYSIDE MANAGEMENT CORPORATION

I, Jane Bertolami, do hereby certify that at a special meeting of the board of directors of Wayside Management Corporation, a corporation organized under the laws of the Commonwealth of Massachusetts (hereinafter referred to as the "Company") duly called and held on the 20th day of March, 2002, the following resolution was duly adopted and is in conformity with the charter and by laws of the Company and is in full force and effect:

RESOLVED, that the Company apply for a liquor license from the Town of Acton.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the Company and affixed its corporate seal on this day of March, 2002.

Wayside Management Corporation

By: Jane Bertolami L.S.
Its Secretary

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Comm., Police & Fire Chiefs

Date: 11/25/02

From: *Christine Joyce, Town Manager's Office*

Subject: Liquor License- Wayside Management Corporation, 98 Powder Mill Road

Enclosed please find a copy of the application for a Beer and Wine as a Package Store license for Wayside Management Corp. d/b/a Assabet Beer and Wine.


The public hearing is scheduled for **7:15, January 13, 2003..**

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TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Don P. Johnson, Town Manager **Date:** December 16, 2002
From: Garry A. Rhodes, Building Commissioner 
Subject: Liquor License, Wayside Management Co
48 50 Powder Mill Road

I have reviewed the application for the Liquor License at 50 Powder Mill Road. The property is currently undergoing renovation. I will not have any concerns once the renovation is completed.

Christine Joyce

From: Heather Marceau
Sent: Monday, December 09, 2002 3:43 PM
To: Christine Joyce
Cc: Doug Halley
Subject: Wayside Management, 50 Powdermill Road

December 9, 2002

Re: ⁴⁸50 Powdermill Road, Acton, MA - Liquor License

This memo will serve as notification that the Health Department has been in contact with Leo Bertolami regarding his application for a liquor license at ⁴⁸50 Powdermill Road, Acton, MA. At this time, it is under discussion as to what food products, if any, he may be selling at this site. He has been given the application paperwork for both food service and sale of tobacco products and the Department will be meeting with him in the near future to ensure compliance if needed.

Heather Marceau
Acton Board of Health
978-264-9634

Acton Police Department

InterDepartmental Memo

From: Frank J. Widmayer, Chief of Police

Date: December 13, 2002

To: Don Johnson, Town Manager

Subj: Liquor License, 50 Powder Mill Road

I have reviewed the license request submitted by Wayside Management Corporation.

I recommend for the issuance of the license.

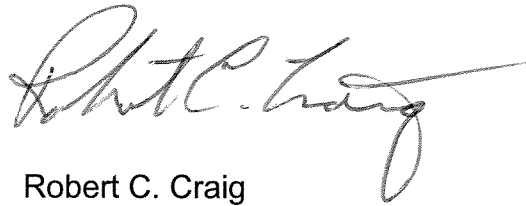


Frank J. Widmayer
Chief of Police

INTEROFFICE MEMORANDUM

TO: CHRISTINE JOYCE, TOWN MANAGER'S OFFICE
FROM: ROBERT C. CRAIG, FIRE CHIEF
SUBJECT: LIQUOR LICENSE – WAYSIDE MANAGEMENT CORP., 50 POWDERMILL ROAD
DATE: JANUARY 9, 2003
CC:

Please be advised that I have no comment or objection to the above named license.

A handwritten signature in black ink, appearing to read "Robert C. Craig", written in a cursive style.

Robert C. Craig

Fire Chief